



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name O. H. METALS				Location 1002 OSWAGO, ST. ALBANY		Date 2/4/87																					
Facility Equipment 1	Detex Clock 1	Weapon No.	Holster 1	Nightstick 1	Raiscoat 1	Flashlight 1	Other 3 Keys Trailer + Gate																						
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) Off Del Vecchio			Officer—Swing Shift (Name) K. Kelly Denby			Officer—Grave Shift (Name) DICK KOKOSZKI																				
Shift			Shift			Shift			Shift																				
Began			Ended			Began			Ended																				
8 AM			4 AM			6:30 AM			12 PM																				
Observations or actions taken			Explanation			Explanation			Explanation																				
Rounds or stations missed			✓			✓			✓																				
Unlocked doors, gates or windows			✓			✓			✓																				
Unlocked vaults or safes			✓			✓			✓																				
Fire-smoke or hazards			✓			✓			✓																				
1. Extinguishers missing or defective			✓			✓			✓																				
2. Sprinkler system defective			✓			✓			✓																				
3. Fire doors or exits blocked			✓			✓			✓																				
4. Rubbish accumulation			✓			✓			✓																				
5. Motors running			✓			✓			✓																				
6. Lights left burning			✓			✓ AS needed			✓																				
Injury hazards			✓			✓			✓																				
Visitors			✓ see remarks			✓			✓																				
Trespassing			✓			✓			✓																				
Violation of company rules			✓			✓			✓																				
Remarks N.Y. Telephone came to hook up phone system																													
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																													
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.					
Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No			
2. Did you suffer any illness?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
3. Have you reported all accidents coming to your attention?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Signatures		1		2		3		1		2		3		1		2		3		1		2		3					
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